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TONY R. MOORE, CLERK
WESTERN DISTRICT OF LOUISIANA
SHREVEPORT, LOUISIANA

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
SHREVEPORT DIVISION

MICHAEL STEVEN KOBER

CIVIL ACTION 5:09-cv-1772

VERSUS

JUDGE WALTER

NATIONAL BOARD OF
MEDICAL EXAMINERS

MAGISTRATE HORNSBY

AFFIDAVIT OF LONG ARM SERVICE

BEFORE ME, the undersigned Notary Public, personally came and appeared
RACHEL N. BOTHEL, who after being duly sworn, did depose and state:

That she is an assistant for Clinton C. Black, attorney for MICHAEL STEVEN KOBER; that she mailed the process to the defendant, NATIONAL BOARD OF MEDICAL EXAMINERS, consisting of a certified copy of a Original complaint for Emergency Injunctive Relief and Demand for Jury Trial in the above captioned case, enclosed in an envelope properly addressed to the defendant, with sufficient postage affixed. This long arm service was effected on October 26, 2009 as evidenced by the return receipt from the U.S. Post Office attached hereto.


RACHEL N. BOTHEL

SWORN TO AND SUBSCRIBED before me, Notary Public, on this 1 day of
December, 2009 in Bossier City, Bossier Parish, Louisiana.


NOTARY PUBLIC

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>National board of Medical examiners c/o CT Corporation System 1025 Vermont Ave, N.W. Washington D.C 20005</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7009 0080 0001 9549 9258</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	